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ENGELHARD

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09/27/2006

Chief Patent Counsel
Engelhard Corporation
101 Wood Avenue
P.O. Box 770
Iselin, NJ 08830-0770

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Donna P. Foligno	(Depositor's name)
<i>Donna Foligno</i>	(Signature)
November 6, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/760,065

01/12/2001

Appadurai Thangaraj

4355D (DIV)

3120

TITLE OF INVENTION: METHOD AND DEVICE FOR THE PRODUCTION OF AN AQUEOUS SOLUTION CONTAINING CHLORINE DIOXIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, NGOC YEN M	1754	252-187230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Raymond F. Keller

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ENGELHARD CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ISELIN, NJ US

11/06/2006 HDEMESS2 00000047 051070 09760065

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:8001 3.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1070 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Raymond F. Keller*Date November 2, 2006

Typed or printed name

Raymond F. Keller

Registration No. 28,960

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